AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

		☐ New EFT	account
	Please Check Appropriate E	Change	EFT reporting method
	т теазе опеск Арргорпасе с		pank account
See reverse for instructions.		☐ Change of	contact name or phone number
(Type or Print in Ink)			
SECTION I			
TAXPAYER NAME			ACCOUNT NUMBER
DBA			BUSINESS PHONE NUMBER
CONTACT PERSON			CONTACT PHONE NUMBER
			() —
Complete Section II or III below:			
SECTION II			
☐ ACH Debit			
The State Board of Equalization is here authorized to debit such account. This au	thority is to remain in full force unti	l EFT payments are no lon	ger required by statute or, if I am
voluntary participant, until the State Board	or Equalization and i mutually agr	ee to terminate my particip	allon in the ErT program.
BANK NAME			Method of Communication:
BANK ACCOUNT NUMBER (not to exceed 17 digit	its)		(check one)
			Telephone
TRANSIT AND ROUTING NUMBER:			Personal Computer
			Terminal Mainframe Communication
TYPE OF ACCOUNT	Savings	TITLE	DATE
SIGNATURE		11122	DATE
specification sheet may b SECTION III ACH Credit The State Board of Equalization is hereby	ccount, transit and routing numb e used instead of the voided check v requested to grant authority for th	ers. If you are unable to e above-named taxpayer t	provide a voided check, a ba
the State Board of Equalization's bank ac (TXP) and may only be initiated for the EF			
SIGNATURE		TITLE	DATE

Return to: Board of Equalization, Attn. EFT Group, P.O. Box 942879, Sacramento, CA 94279-0035

Instructions for Completing the EFT Authorization Form

General

Please type or print clearly. Return to the State Board of Equalization within ten days from the date received. Make a copy for your records.

Section I

Complete all blocks in this section. Your account number is required (e.g., 30-123456).

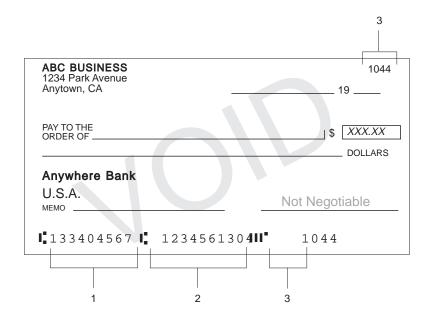
Sections II and III

COMPLETE ONE OF THESE SECTIONS, NOT BOTH.

Complete Section II if you select ACH Debit, Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen, a voided check must be attached to the completed authorization agreement. Your voided check will verify bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.



- 1 Routing Transit Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Important Information

- 1. Participation in the Electronic Funds Transfer program shall be for a minimum of one year.
- 2. You will receive a confirmation letter from the State Board of Equalization after approval of this agreement. The confirmation letter will include your electronic funds transfer start date. No electronic funds transfer payments should be attempted before this start date. All sales and use tax return payments due subsequent to this start date must be made through electronic funds transfer.
- 3. You must make a written request to be removed from the Electronic Funds Transfer program. For the request to be approved, you must have participated in the program for a minimum of one year and your average monthly tax, over a twelve month period, must be less than \$20,000.
- 4. You will receive a confirmation notice from the State Board of Equalization identifying your ending date for EFT (unless you also close out your account) or the change date if you request to be moved from one ACH payment method to another. You must continue making your tax return payments through electronic funds transfer, through the ACH payment method in use at the time of your request, until you receive a confirmation letter from the Board confirming the new payment method and the effective date of the change.